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| Case Number: | CM14-0108265 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 04/16/2014 |
| Decision Date: | 10/09/2014 | UR Denial Date: | 06/13/2014 |
| Priority: | Standard | Application Received: | 07/11/2014 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 61-year-old female who reported an injury on 04/16/2014 due to an unknown mechanism. Diagnoses were left wrist pain, left arm pain, and trapezius strain. Past treatments were medications and a wrist brace. Diagnostic studies were not reported. Surgical history was not reported. Physical examination on 05/23/2014 revealed complaints of left arm/wrist pain. The injured worker stated she continued with pain and occasional numbness. The injured worker was scheduled for a nerve conduction study earlier, but declined it stating she wanted an invasive nerve conduction study with an Electromyography (EMG). Examination of the cervical spine revealed no tenderness to palpation, no pain, no swelling, or edema and normal cervical spine movements. Examination of the thoracic spine revealed no swelling, no edema, or erythema. There were normal thoracic spine movements. There was tenderness to palpation along the left trapezius region of the upper extremity. There was tenderness to palpation along the left posterior joint line. There was tenderness to palpation along the biceps tendon. There was tenderness to palpation along the proximal forearm. There was pain with full supination of the left forearm. There was a decrease in the grip of the left hand a 4/5 compared to a 5/5 on the right. Phalen's sign was positive, Tinel's sign was positive on the left. Medications were orphenadrine citrate ER. The treatment plan was to continue with the braces, medication, and ice therapy. Requesting nerve conduction with EMG for the left upper extremity. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Electromyogram (EMG) of the left upper extremity.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines: Carpel Tunnel Syndrome Electromyogram (EMG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Electromyography (EMG), Electrodiagnostic Studies

Decision rationale: The request for Electromyogram (EMG) of the left upper extremity is not medically necessary. The California American College of Occupational and Environmental Medicine (ACOEM) states for most patients presenting with true hand and wrist problems special studies are not needed until after a 4 to 6 week period of conservative care and observation. Most patients improve quickly, provided red flag conditions are ruled out. Exceptions include the following: in cases of peripheral nerve impingement, if no improvement or worsening has occurred within 4 to 6 weeks, electrical studies may be indicated. The primary treating physician may refer for a local lidocaine injection with or without corticosteroids. Due to the lack of information, other medical Guidelines were sought. The Official Disability Guidelines state for electromyography (EMG) it is recommended only in cases where diagnosis is difficult with nerve conduction studies (NCS). In more difficult cases, needle electromyography (EMG) may be helpful as part of electrodiagnostic studies, which include nerve conduction studies (NCS). There are situations in which both electromyography and nerve conduction studies need to be accomplished, such as when defining whether neuropathy is of demyelinating or axonal type. Seldom is it required that both studies be accomplished in straightforward condition of median and ulnar neuropathies or peroneal nerve compression neuropathies. Electromyographic examination should be done by physicians. Surface EMG is not recommended. The Guidelines also state that electrodiagnostic studies are recommended in patients with clinical signs of carpal tunnel syndrome who may be candidates for surgery. Electrodiagnostic testing includes testing for nerve conduction velocities, but the addition of electromyography is not generally necessary. The medical Guidelines state that carpal tunnel syndrome should be proved by positive findings on clinical examination and should be supported by nerve conduction tests. There were no significant examination findings to justify the use outside of the current Guidelines. The recommendations or nerve conduction studies should be done to support the diagnosis of carpal tunnel syndrome prior to surgery in Workers' Compensation cases. Therefore, this request is not medically necessary.